

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
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FAIR POLITICAL
PRACTICES COMMISSION

12 FEB -6 AM 8:57

Please type or print in ink.

NAME OF FILER (LAST) ALQUIST (FIRST) ELAINE (MIDDLE) K.

1. Office, Agency, or Court

Agency Name
STATE SENATE
Division, Board, Department, District, if applicable
SD 13

Your Position
SENATOR

► If filing for multiple positions, list below on an attachment.

Agency CA SEISMIC SAFETY COMMISSION Position: SENATE REPRESENTATIVE

2. Jurisdiction of Office (Check at least one box)

- ☒ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☐ County of _____
☐ City of _____ ☐ Other _____

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2011, through December 31, 2011.
-or-
The period covered is ____/____/____, through December 31, 2011.
☐ Leaving Office: Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2011, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Assuming Office: Date assumed ____/____/____
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

- ☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

5.

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and the information herein and in any attached schedules is true and complete. I acknowledge this is a true and complete statement.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1/31/12
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name ALQUIST, ELAINE

NAME OF SOURCE MICROSOFT CORPORATION		
ADDRESS (Business Address Acceptable) REDMOND, WA 98052		
BUSINESS ACTIVITY, IF ANY, OF SOURCE IT		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/6/11	\$5.00	BEVERAGE
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE CA DEMOCRATIC PARTY		
ADDRESS (Business Address Acceptable) 1401 21st St, Ste 200 SAC 95811		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/18/11	\$195.32	MEALS
1/19/11		
____/____/____	\$ _____	_____

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____